





_				
n	a	1	Ω	

## ABSENTEE REPORT

	SI.			es Absent	: Date		No. of Days	Remarks
	No.	No. Emp. ID Name Designa	Designation	From	То			
				1		1	-1	
Rer	nark	s/Verifica	tion of Co	ntrolling Off	icer			
						Cianatuu	· ·	
					Signature: Designation:			
						Date:		
Rei	nark	s/Recomr	nendation	of Sr. PO				
	Signature:							
						Date:		